In the Claims:

Please amend the claims as follows:

1. (Currently Amended) A financial management system enabling an individual user to access and maintain healthcare records concerning encounters of an individual with a healthcare provider organization, said encounters comprising interactions of said individual with said healthcare provider organization having a financial consequence, comprising:

an acquisition processor <u>conditioned</u> for receiving, via electronic communication from a healthcare provider organization, information related to at least one healthcare encounter of an individual user <u>and including data identifying a healthcare service of said at least one healthcare encounter</u>;

a storage processor <u>conditioned</u> for storing <s>said</s> <u>the</u> received healthcare encounter information;

a data processor <u>conditioned</u> for

retrieving and processing received healthcare encounter information to provide data representing at least one record indicating a history of encounters of said individual user with said healthcare provider organization<u>, and</u>

<u>at least one of, (a) automatically initiating payment for said healthcare service of said at least one healthcare encounter indicated by the encounter history information in response to predetermined payment instruction entered by a user, and (b) terminating an automatically initiated payment for said healthcare service of said at least one healthcare encounter in response to user command</u>; and

an output processor for processing said data representing said at least one record for output in response to user command.

2. (Original) A system according to claim 1, wherein

said data processor processes said received healthcare encounter information to provide data representing at least one of, (a) a record collating encounter information for encounters subject to similar taxation treatment, (b) a record collating encounter information for encounters subject reimbursement under a particular reimbursement plan, and (c) a record collating encounter information for encounters to be paid for by said individual user.

3. (Original) A system according to claim 2, wherein

said record collating encounter information for encounters subject to common taxation treatment collates encounter information by type of service provided to said individual user during

an encounter, said type of service comprising at least one of, (a) a medical service, (b) a dental service, (c) an education service and (d) a dependent care related service, and (e) a flexible spending account related service.

4. (Currently Amended) A system according to claim 1, including

a display generator for initiating generation of data representing a display image presenting said encounter history information, and wherein

said data processor prompts said individual user to initiate payment related to an encounter indicated by said encounter history information and

said history of encounters identifies individual services of individual encounters of said individual user with said healthcare provider organization.

5. (Cancelled)

6. (Original) A system according to claim 4, including

said data processor prompts said individual user to initiate payment related to an encounter indicated by said encounter history information by at least one of, (a) electronic funds transfer, (b) credit card, and (b) a manual payment method.

7. (Original) A system according to claim 1, including

a communication processor for establishing communication with an information system of said healthcare provider organization for acquiring said information related to said at least one healthcare encounter of said individual user.

8. (Original) A system according to claim 7, wherein

said communication processor establishes communication with said information system of said healthcare provider organization for acquiring said information related to said at least one healthcare encounter of said individual user in response to at least one of, (a) a command of said individual user, (b) predetermined computerized instruction to establish repetitive intermittent communication, and

said communication processor provides, to said information system, identification information of said individual user together with at least one of, (i) a password and (ii) information identifying said authorization of said individual user to access said information system.

9. (Original) A system according to claim 1, including

said data processor processes said received healthcare encounter information by automatically identifying a type of service identified in said received healthcare encounter information by parsing said received healthcare encounter information to identify encounter identification codes.

10. (Original) A system according to claim 9, including

said data processor uses said identified encounter identification codes to identify at least one of, (a) a particular service and (b) a particular procedure associated with an encounter, and

said data processor maps said identified identification code to a different code and uses said different code in processing received healthcare encounter information.

11. (Original) A system according to claim 1, wherein

said output processor for processing said data representing said at least one record for output in at least one form selected from, (a) electronic form, (b) a printed report form, (c) a file suitable for communication via the Internet, and (d) as data representing a display image for presentation to a user.

12. (Currently Amended) A system according to claim 1, wherein

said storage processor monitors an update ~~updates~~ of said stored received healthcare encounter information by maintaining at least one of, (a) a date and (b) a time, of an update to said stored received healthcare encounter information.

13. (Original) A system according to claim 1, wherein

said received healthcare encounter information comprises at least one of, (a) an identification of a service provided during an encounter, (b) an identification of a type of patient visit comprising an encounter, (c) a date of an encounter, (d) at least a portion of financial cost of an encounter due to be paid by said individual user, (e) a financial cost of an encounter, (f) an identification of an insurance company responsible for at least a portion of a financial cost of an encounter, (g) identification of a payment made by a user or insurance company towards cost of an encounter, and (h) an estimated reimbursement amount towards cost of an encounter.

14. (Original) A system according to claim 1, wherein

said acquisition processor receives family information comprising information concerning at least one healthcare encounter of a person related to said individual user,

said data processor processes said received family information to provide data representing at least one record indicating a history of encounters of said related person.

15. (Original) A system according to claim 1, wherein

said acquisition processor receives multi-organization information identifying a plurality of encounters of said individual user with multiple different organizations,

said data processor processes said received multi-organization information to provide data representing at least one record indicating a history of encounters of said individual user with said multiple different organizations.

16. (Original) A system according to claim 1, wherein

said acquisition processor receives multi-organization information identifying a plurality of encounters of said individual user with multiple different organizations,

said data processor processes said received multi-organization information to provide data representing at least one of, (a) a record identifying encounters of said individual user with multiple different organizations and said identified encounters subject to common taxation treatment, (b) a record identifying encounters of said individual user with multiple different organizations subject reimbursement under a particular reimbursement plan, and (c) a record identifying encounters of said individual user with multiple different organizations to be paid for by said individual user.

17. (Original) A system according to claim 1, wherein

said data processor processes said received healthcare encounter information to initiate generation of a message to said individual user, said message comprising at least one of, (a) an alert concerning healthcare of said individual user, and (b) a reminder concerning a payment to be made concerning an encounter.

18. (Currently Amended) A system for use by a healthcare provider organization supporting individual user access to healthcare records concerning encounters of an individual with a healthcare provider organization, said encounters comprising interactions of said individual with said healthcare provider organization having a financial consequence, comprising:

an interface processor for receiving user identification and authorization information for identifying authorization of said user to access the healthcare encounter information of said user;

a data processor for,

retrieving said healthcare encounter information of said identified user from storage and including data identifying a healthcare service of said healthcare encounter, and

formatting said retrieved healthcare encounter information and data identifying a healthcare service of said healthcare encounter of said user for communication to a user communication address, and

at least one of, (a) automatically initiating payment for said healthcare service of said at least one healthcare encounter indicated by the encounter history information in response to predetermined payment instruction entered by a user, and (b) terminating an automatically initiated payment for said healthcare service of said at least one healthcare encounter in response to user command; and

a communication processor for communicating said formatted healthcare encounter information to said user communication address.

19. (Original) A system according to claim 18, wherein

said data processor initiates retrieving said healthcare encounter information in response to at least one of, (a) a received request for download of said healthcare encounter information of said user, and (b) predetermined computerized instruction to establish repetitive intermittent download of said healthcare encounter information to said user destination address.

20. (Original) A system according to claim 18, wherein

said system of claim 17 is provided as a service to a subscriber and including

a subscription processor for managing subscription of at least one of, (a) an individual user, and (b) a healthcare organization, to provide said service.

21. (Original) A system according to claim 18, wherein

said received healthcare encounter information comprises at least one of, (a) an identification of a service provided during an encounter, (b) an identification of a type of patient visit comprising an encounter, (c) a date of an encounter, (d) at least a portion of financial cost of an encounter due to be paid by said individual user, (e) a financial cost of an encounter, (f) an identification of an insurance company responsible for at least a portion of a financial cost of an encounter, (g) identification of a payment made by a user or insurance company towards cost of an encounter, and (h) an estimated reimbursement amount towards cost of an encounter.

22. (Original) A system according to claim 18, wherein

said healthcare provider organization comprises at least one of, (a) one or more hospitals, (b) a grouping of one or more physicians, (c) a clinic, (d) a nursing home, (e) an extended care facility, (f) a home healthcare agency, (g) a pharmacy, (h) a test laboratory, (i) a healthcare enterprise, (j) a fitness center, (k) a rehabilitation center and (l) a diagnostic testing facility.

23. (Original) A system according to claim 18, wherein

said interface processor receives notice of a payment related to an encounter performed by at least one of, (a) electronic funds transfer, (b) credit card, (c) a manual payment method and (d) an automatically initiated payment made in response to predetermined payment instruction entered by a user.

24. (Original) A system according to claim 18, wherein

said formatted healthcare encounter information includes encounter identification codes for identifying at least one of, (a) a particular service, and (b) a particular procedure associated with an encounter.

25. (Original) A system according to claim 18, wherein

said formatted healthcare encounter information includes a map for use in translating an identified identification code to a different code.

26. (Currently Amended) A method implemented by a data processing device conditioned for enabling an individual user to access and maintain healthcare records concerning encounters of an individual with a healthcare provider organization, said encounters comprising interactions of said individual with said healthcare provider organization having a financial consequence, comprising the activities of:

receiving, via electronic communication from a healthcare provider organization, information related to at least one healthcare encounter of an individual user, and including data identifying a healthcare service of said at least one healthcare encounter;

storing said received healthcare encounter information;

retrieving and processing received healthcare encounter information to provide data representing at least one record indicating a history of encounters of said individual user with said healthcare provider organization, and

at least one of, (a) automatically initiating payment for said healthcare service of said at least one healthcare encounter indicated by the encounter history information in response to predetermined payment instruction entered by a user, and (b) terminating an automatically initiated payment for said healthcare service of said at least one healthcare encounter in response to user command; and

processing said data representing said at least one record for output in response to user command.

27. (Currently Amended) A method implemented by a data processing device conditioned for use by a healthcare provider organization supporting individual user access to healthcare records concerning encounters of an individual with a healthcare provider organization, said encounters comprising interactions of said individual with said healthcare provider organization having a financial consequence, comprising the activities of:

receiving user identification and authorization information;

identifying authorization of said user to access the healthcare encounter information of said user;

retrieving said healthcare encounter information of said identified user from storage and including data identifying a healthcare service of said healthcare encounter;

formatting said retrieved healthcare encounter information and data identifying a healthcare service of said healthcare encounter of said user for communication to a user communication address;

automatically initiating payment for said healthcare service of said at least one healthcare encounter indicated by the encounter history information in response to predetermined payment instruction entered by a user;

terminating an automatically initiated payment for said healthcare service of said at least one healthcare encounter in response to user command; and

initiating communication of said formatted healthcare encounter information to said user communication address.